**Volunteer Application Form**

**Email:** [info@healthwatchbolton.co.uk](mailto:info@healthwatchbolton.co.uk)

**Web:** [www.healthwatchbolton.co.uk](http://www.healthwatchbolton.co.uk)

**Tel:** 01204 394603

**Postal address**: 27 Silverwell St, Bolton, BL1 1PP

We ask all our volunteers to complete this application form.   
It asks for your basic contact information and a little background information on what you’d like to get out of volunteering for us.

Please email your completed form to [info@healthwatchbolton.co.uk](mailto:info@healthwatchbolton.co.uk) or if you don’t have access to an email you can post your paper version using the address shown on our website (in which case please use capital letters and blank ink).

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| --- | --- | --- |
| **Personal Details** | Office ref No: |  |

|  |  |  |
| --- | --- | --- |
| **Preferred Title (Mr, Mrs etc)** |  | |
| **First Name** |  | |
| **Surname** |  | |
| **Address** |  | |
|  | |
|  | |
|  | |
| **Post Code** |  | |
|  |  | *Please indicate which is your preferred contact number:* |
| **Telephone Number (Home)** |  |  |
| **Telephone Number (Work)** |  |  |
| **Telephone Number (Mobile)** |  |  |
|  |  | |
| **E-mail** |  | |

We will contact you via email unless you notify us otherwise. Please check the box if you wish to receive correspondence by post: ☐

When you join us as a volunteer, you also become a member of Healthwatch Bolton. This means that you will receive wider regular updates from us. Membership is free. But if you wish to opt-out from the membership at a later date you can do so as well. Just let us know.

**Volunteer Role**

Please give us details about what you are interested in doing as a volunteer – indicate all that apply and please remember that appropriate training can be given for each role.

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| --- | --- | --- |
| **Community Online Feedback Collector** | *Our community online feedback collectors look at content posted online such as Facebook Groups, to gather intelligence about what people are saying about their health and care services in Bolton* | Yes / No |
| **Social Media/Digital Communications** | *Social media/digital communications volunteers use our website and social media to communicate what we do and where people can go to access support they need* | Yes/No |

Please tell us why you want to volunteer with Healthwatch Bolton and what you hope to get from your experience with us. This can include any relevant voluntary or paid experience, any qualifications, hobbies or interests that you have had that would help you undertake the role that you are applying for.

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| **Why I’d like to volunteer with Healthwatch Bolton:** |
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| --- | --- |
| **Other skills/interests that may be of use.** | Eg – other languages spoken, design skills, etc |
| **Where did you find out about our volunteer opportunities?** |  |
| **Please let us know of any reasonable adjustments we could make to enable you to volunteer with us** |  |

**Availability**

When would you be able to volunteer with us?

Please provide the times you are available. We require a minimum commitment of 4 hours per week but this may vary depending on the work. We ask that you commit to volunteer with us for a minimum of 6 months.

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| --- | --- | --- |
| **Day** | **Morning** | **Afternoon** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |
| **Or give a total if the day cannot be fixed:** |  |  |

**Supporting Information**

Please provide us with the names of two people to provide a reference.   
They must be over the age of 18 and must not be related to you. They should have known you for at least two years. These can be previous employers, university tutors, personal acquaintances or anyone else who can comment on your suitability for the volunteer role. Referees will only be contacted after your interview if you are accepted, to ask their opinion of you as a potential volunteer.

|  |  |
| --- | --- |
| **First Referee** | |
| **Full Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **How do you know this person?** |  |

|  |  |
| --- | --- |
| **Second Referee** | |
| **Full Name** |  |
| **Address** |  |
| **Telephone** |  |
| **Email** |  |
| **How do you know this person?** |  |

**Declarations**

|  |  |  |
| --- | --- | --- |
| **Declaration of convictions** | Some of Healthwatch Bolton’s volunteering opportunities may involve direct contact with potentially vulnerable members of the public. These roles are exempt from the Rehabilitation of Offenders Act 1974 (amended).  This means that if you are applying for a role which will involve contact with vulnerable people you will be required to declare your entire criminal record including cautions, reprimands, final warnings and criminal convictions categorised as spent under the above legislation.  This information will only be disclosed to specific Healthwatch Bolton staff. |  |
|  | **Have you been convicted of a criminal offence (other than ‘spent’ convictions under the Rehabilitation of offenders Act 1974 (amended)?** | Yes / No |
|  | **If Yes, please provide details:** |  |

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| --- | --- |
| **Data Protection** | As part of the recruitment procedure we may collect and store sensitive personal data about you. We are required by law to obtain your consent to such data being recorded. It is our policy to store data relating to recruitment procedures for a minimum of 12 months after the date on which it is submitted. Any information of this nature will be treated confidentially.  Sensitive personal data is defined as information relating to any of the following; racial or ethnic origin, political opinions, religious beliefs, trade union membership, health, sexuality or sex life, offences and/or convictions.  For the purposes of the Data Protection Act 1998 the Data Controller is Julie Darbyshire – Operations Manager – Healthwatch Bolton |

I declare that the information in this application form is correct to the best of my knowledge and acknowledge that by signing this form I give my consent to sensitive personal information being recorded and stored.

|  |  |
| --- | --- |
| **Signed** |  |
| **Date** |  |

*Electronic signature/written signature are both accepted.*

**Thank you for completing this application form.   
Please return to the address given on page 1.   
We will be in touch soon.**